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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Hyperlipidemia (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Hyperlipidemia (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 15 - 18

Theory :

1.Hyperlipidemia

i) Case I

a. Subjective:

- **Name:** MLP **Age:** 63 yrs **Sex:** Female
- **Unit:** MED II
- **DOA:** 13/09/2015
- **Reason for Admission:** She reports that she "didn't feel good" on atorvastatin, 40 mg/d, and is hesitant to try a 3rd statin.
- **Past Medical History:** Mixed dyslipidemia
- **Past Medication History:** amlodipine 5 mg/d, pravastatin, 20 mg/d, atorvastatin, 40 mg/d.
- **Family History:** Both parents developed type 2 diabetes mellitus (T2DM) and ASCVD in their early 60s.
- **Allergies and Social History**: Nil

b. Objective:

- **Height:** 5'1"
- **Weight:** 72 Kg
- **BP:** 142/86 mmHg
- **PR:** 88 bpm
- **RS:** 22/min
- **Temperature:** 37.3°C
- **Oxygen Saturation:** 97%

c. Assessment:

- **Laboratory Finding:**
  - Fasting blood glucose (FBG) 101 mg/dL.,
  - AIC 5.9%,
  - serum creatinine (SCr) 1 mg/dL;
  - Urinary analysis and hepatic transaminases are within normal limits
  - LDL-C of 110 mg/dL,
  - high-density lipoprotein cholesterol (HDL-C) of 49 mg/dL, and
  - Triglycerides of 185 mg/dL,
- **ACC/AHA:** 10-year ASCVD risk score is 78%.

d. Plan:

Balance the need for more intensive therapy without reintroducing previously experienced statin AEs or aggravating the patient's already impaired glucose. Currently prescribed lipid therapy pravastatin, 20 mg/d. Later, if recommended switch to titrating to pravastatin 80 mg/d, or switching to pitavastatin, 2 to 4 mg/d, or rosuvastatin, 5 to 10 mg/d.

ii) Case II

a) Subjective:

- **Name:** MLP
- **Age:** 44 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 13/09/2018
- **Reason for Admission:** Patient reports of uneasiness and extreme discomfort.
- **Past Medical History:** DVT 3 months ago
- **Past Medication History:** (NKDA) warfarin 5 mg po daily, hydrochlorothiazide 25 mg po daily, multivitamin with minerals daily.
- **Family History:** Father has lipid disorder, Mother had MI at age 50
- **Allergies and Social History:** Nil

b) Objective:

- **Height:** 5'3"
- **BP:** 145/101 mmHg
- **Weight:** 302 pounds
- **PR:** 84 bpm
- **RS**: 16/min
- **Temperature:** 37.3°C
- **Oxygen Saturation:** 95%

c) Assessment: Laboratory findings of blood glucose level

- **Laboratory Findings:**
  1. Total cholesterol — 255 mg/dl
  2. Triglycerides — 350 mg/dl
  3. LDL-C — 143 mg/dl
  4. HDL-C — 42 mg/dl
- glucose (fasting) — 120 mg/dl
- **Fasting Glucose Test:** 8 mmol/l. — 42 (0-34 U/L)
- ALT — 45 (7-42 U/L)
- AST — 0.9 (0.1-1.0 mg/dl)
- Total bilirubin — 95 (25-125 IU/L)
- Amylase — 2.7

d) Plan:

- Lifestyle modification (diet and exercise)
- Lipid profile results, 10-year cardiac risk (see Framingham estimate of 10-year risk) and cholesterol goals
- CHD risk factors
- Gemfibrozil 600 mg po twice daily

Result :

Notes on subjective, objective, assessment and plan for Hyperlipidemia (real/ hypothetical) disease conditions was prepared and discussed.